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HISTORY OF THE CASE

OF THE LATE

JOHN KEARNY RODGERS, M.D.

ADDRESSED TO THE PROFESSION.

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BY

ALEXANDER E. HOSACK, M.D.

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INTRODUCTION.

THE late Dr. J. KEARNY RODGERS died, Sunday, the 9th day of November, 1851, of pyaëmie, consequent upon congestion of the liver.

However much we have to deplore the loss of so eminent and distinguished a surgeon, we have the more to regret that there should have been a difference of opinion entertained by his attending physicians, as regards the diagnosis and treatment of the disease which ended so fatally.

Nearly allied to the deceased as I am, it is with the greatest reluctance I have ventured upon the task of publishing a history of the case, which I shall do as correctly as possible; narrating all the circumstances connected with the differences to which I have alluded. This I am constrained to do, in consequence of the numerous misapprehensions that have been suffered to go abroad calculated to disparage me with my fellow-practitioners. The medical public will, after being possessed of all the facts, be enabled to determine, whether I was justified in the opinion early entertained and expressed, (and from which I never for a moment swerved,) as to the true cause and correct diagnosis of the disease which terminated his life; and whether I was correct in the course I pursued in withdrawing from the consultation at a time of so much interest and responsibility.

HISTORY OF THE CASE.

DR. RODGERS, although naturally of a good constitution, has once in his life suffered from a severe attack of illness, which occurred about sixteen years ago, during the winter of 1835. He became extremely attenuated, and serious doubts were entertained of his perfect recovery; his disease was never satisfactorily understood. His friends, however, regarding it as dyspepsia, advised a voyage to the West Indies, from whence he returned greatly improved, and soon after was perfectly restored to health. Since then he has been apparently well until the commencement of the present year, when he has occasionally been annoyed by looseness of the bowels, with a slight feeling of discomfort in the abdomen, and only on two different occasions has he been obliged to confine himself to his chamber, and then but for a day or two at a time. He, regarding it as an inconvenience only, resorted occasionally to a few drops of laudanum during the day, or a glass of brandy and water at his dinner, which exerted a controlling influence over it. The first of these attacks occurred in the month of July, and the second in August, while enjoying himself for a few weeks at Long Branch on the sea-shore.

This, then, embraces all that appertains to his ill health up to the 9th of October, when he was seized with the illness of which he died. On the evening of that day, after returning from a visit to a patient, he complained of not feeling well; he retired at his usual hour, and was awakened about midnight by a sense of coldness, and had a slight chill; complaining of nausea, he called for a basin, and threw off, as he informed me, about two mouthfuls of pure bile; he refused to take warm water to rinse his stomach, as was urged upon

him, and soon after fell asleep. He rose at the usual hour in the morning, saying he was better, though complaining of uneasiness in the right side, and slight pain in the bowels. He partook of breakfast as usual, and visited such patients as were necessary to be seen during the day.

On Saturday, the 11th instant, Dr. Dubois saw him for the first time, and suggested a seidlitz powder, which was taken. On Sunday morning, Dr. Wilkes stopped in on a visit to the family, when Dr. Rodgers consulted him about his symptoms, which Dr. Wilkes regarded as functional disorder of the liver, and accordingly advised the use of blue mass, and actually procured the pills for him, urging him to take two immediately, to be followed by a seidlitz draught. At Dr. Rodgers's request, Dr. Wilkes called at my house that morning to inform me of the Doctor's illness, and of his desire to see me; not receiving the message until too late in the evening, I called upon him the following morning, October 13th. I found him free from fever, with a white, slightly coated tongue. Although he complained of pain in the bowels and of a slight uneasiness in the hypochondriac region, for which he had applied a mustard cataplasm, he did not wince upon pressure. I saw him the next day, Tuesday, the 14th, and found him much the same, with the exception of a slightly accelerated pulse, full and compressible, with a tongue assuming a dingy hue at its base.

Regarding these symptoms as indicative of a biliary congestion, which opinion I stated to him, I advised him to take an emetic or ten grains of calomel; but he, having a particular dislike to both these remedies, declined. I was then informed by him that he had been exposed to miasma by attending on a case of bilious remittent fever at Flatbush, Long Island, and he remarked that he might possibly have there contracted the disease. I told him, in reply, that it was quite possible it might be the incipient stage of bilious remittent fever, and questioned him as to the frequency of his visits, and the hour of the day he had been exposed to the effluvium of that district of country; his reply was, "never after four o'clock in the afternoon."

I then said that it wanted the phenomena of fever, the excessive heat, and dryness of skin, the constricted pulse, &c. Taking into consideration the former symptoms, his vomiting bile, dingy skin, and his then present appearance, I still adhered to the opinion I had first expressed of the liver being the seat of the disease. On the evening of this day at Dr. Rodgers's request, I consulted with Dr. Dubois, to whom I also expressed the same opinion, and suggested the use of calomel. Dr. Dubois had already formed and expressed the opinion of the disease being that of bilious remittent fever, from which opinion he never changed.

On Wednesday, the 15th, we again met in consultation; he had had a restless night, and upon examination he was discovered to be quite jaundiced; tongue and pulse about the same as on the preceding day. The patient called our attention to the yellowness of the skin as manifested on the hands and lower extremities, which, on close inspection, proved to be decided Icterus. I immediately remarked to him, in presence of Dr. Dubois, that the tale was now told, and that he, the patient, must immediately commence on calomel.

It is to be remembered that at this time he did not wince, or manifest the least pain any where, upon being kneaded, or upon turning in bed, rising, or lying down. As he objected to calomel, fearing salivation, I could only succeed in persuading him to take the common Icteric Pill (a prescription well known to those who attended my father's Lectures on the Practice of Physic), to which my colleague consented. It contained calomel which was not likely to salivate, by being in combination with other medicines.

He commenced taking it in the evening, and continued it all the day following: it operated gently. Friday morning, the 17th, he had slept well, and expressed himself as feeling better, and said that the day previous was the best day he had had. His condition was much the same throughout the day, except that of sallowness, which was more manifest.

Dr. Delafield joined us in consultation on Friday evening, Oct. 17th, to whom I said that I presumed that Dr. Dubois had informed him of the previous history of the case; to

which he assented. I then stated to Dr. Delafield my views of the case, and the prescription I had prevailed upon Dr. R. to take, and which he was permitted to continue without any intimation to me from Dr. Delafield of different views entertained by himself as regarded the disease.

I did not attend at the appointed hour on the following morning, Saturday the 18th, in consequence of some professional engagements. In the evening, at the hour appointed, I was informed that the remedies suggested by myself (as above alluded to) had been discontinued at the morning consultation, my associates regarding his disease as bilious remittent fever, and it was so expressed by them. In this I decidedly differed in opinion, as well as in the remedies resorted to, which were the usual febrifuge medicines.

His symptoms at this time were general restlessness, imperfect sleep, depression of spirits, anxious countenance, slight fever, increased sallowness, accelerated pulse, and at times moderate perspiration. These symptoms continued much the same from the 19th of October to the 22d, (when rigors first appeared); with the exception of the increased frequency of the pulse, which varied from 95 to 120, but usually at the standard of 110, always full and compressible. The rigors recurred at irregular intervals, sometimes in the night and at any hour during the day; at first, however, there were but one or two in the 24 hours: they soon after increased in frequency: jaundice more apparent.

The rigors were always immediately followed by profuse perspirations—the pulse, as observed by myself, was 110 just before, during, and after each rigor, which was always accompanied by more or less perspiration, and followed directly after by a profuse sweat. The gentlemen in consultation, with the view of opposing the chills, prescribed (in opposition to my judgment) quinine in 10 and 5 grain doses, at intervals of several hours, which was continued for several successive days. The positive effect of quinine was in due time made manifest, by *ringing in the ears* and almost *total deafness*; in consequence of which it was discontinued on the 29th of October. Dr. Delafield remarked in consultation at the

same time, that it was very evident that the quinine was doing no good, that there was something in the case that he could not understand : to which I replied, that I understood it, and could account for it in a very satisfactory manner. The aromatic sulphuric acid was also prescribed in large doses, for the purpose of arresting the excessive sweats. The strong tincture of aconite was also administered in doses of one drop each.

At this stage of the disease, finding myself opposed in opinion, and the patient evidently getting worse, in one of my visits to Dr. Rodgers, (when alone with him in the room,) I was prompted by my deep solicitude and anxiety on his account, to urge upon him the necessity of further medical advice. Seated by his bedside, I asked him to permit me to call in Dr. Wilkes (as I daily communicated with him in regard to his illness), who had seen him, and thought as I did. I then said, "If you will permit me to do so, and follow our advice, you will get well ; I promise you, you will recover." To which he replied, after a moment's reflection (being still biassed with the idea of fever), "If I do, I can never recover, and I have all confidence in Delafield." It is deserving of remark, that a few days after, finding he was growing worse, he said to a member of his family, "There is something in my case that Dr. Delafield does not understand, nor I either."

At this period of his disease, the 23d of October, on the day after the appearance of the rigors, I again remarked to Drs. Delafield and Dubois, in consultation, that it was not bilious remittent fever, as it wanted the characteristics of fever, and that it was the consequence of unremoved obstruction in the liver. Dr. Delafield then asked me where I located the disease ; to which I replied, in the liver, either arising from obstruction in the "ductus communis choledochus" by biliary calculi, or from inspissated bile in its *transit from the ramifications of the portal vein in the liver to the biliary ducts*, and that these *chills*, so denominated by my associates, were rigors, indicative of matter forming, if not already formed ; to which he replied, "I hope not," and said "I had nothing to stand upon, or to sustain me in my views." I then

asked him, Are these symptoms nothing? this jaundice, this condition of tongue, these rigors, followed by profuse sweats, and this peculiar, rapid, full, compressible pulse, and comparatively moderate heat of skin; are all these symptoms nothing? In answer to which Dr. Delafield remarked that this yellowness and other symptoms, as above observed, were frequently met with in bilious fevers; to which I replied, "I have, then, yet to learn what bilious fever is."

These same remarks were repeated in substance by me to Dr. Swett at the time of my withdrawing from the consultation, on the morning of the 3d of November (he having been called in on the 1st inst.), with the additional observation, that in fever there should be remissions and exacerbations, a furred tongue, and a burning, hot and dry skin.

I then drew a parallel between the pulse of bilious fever and the pulse of matter forming, or just formed, as follows: In bilious fever, during the exacerbations, it would be small, corded, and quick, varying in frequency (from the remitting stage to the highest degree of fever) from an almost natural state to 120, at which height of pulse perspiration would commence; whereas the pulse indicative of matter would be always frequent, full and soft, varying but little from 95 to 110, while the skin most of the time would be comparatively cool. The pulse full and soft is 110 just before, during, and after each rigor, which is immediately followed by profuse perspiration.

After these remarks I observed, "With these existing symptoms, gentlemen, how is it possible you can see things with such different eyes from me?" Placing my hand upon my knee, I said, "It is as plain to me as if matter were formed in this joint which the knife can release; but in this case we have no such opportunity. I have no doubt that matter, if not already formed, will form, and terminate fatally."* I then added, "From my deep solicitude I have scarcely slept for the last two nights, and have tried to recon-

* These remarks were repeated to several of my medical friends, and also to Dr. J. Mason Warren, of Boston, who was on a visit to New York at that time.

cile my opinion with yours, but the more I reflect upon the subject, the more I am convinced that I am correct in my views."

I then withdrew from the consultation, remarking that I did so with all respect and deference to them, but that I could not remain to trammel them by my presence, or witness a course of treatment I could not sanction.*

From my connection with Dr. Rodgers, I had the privilege of visiting him at all times, during his last illness, and had ample opportunity to observe the progress of his disease and the treatment pursued by the physicians left in sole charge of him. Upon my proposing to withdraw from the consultation it was suggested by Dr. Delafield that the patient might be disturbed by knowing that I had done so: in reply I assured him that I would take care he should not be apprised of it, and would therefore visit him at the accustomed hour of consultation, without retiring afterwards to the council chamber. Under these circumstances I do not feel called upon to offer any excuse for continuing the history of his disease to its termination.

Having last spoken of the disease up to the 28th October, when the rigors became most frequent, and on the 29th inst., when there was a continuance of coldness, and when the rigors succeeded rapidly, one upon the other, (which circumstance I conceive to be indicative of matter formed,)[†] I will proceed with the details of the case.

On the 29th October he had a succession of chilly feelings for an hour, which were immediately succeeded by a severe

* Dr. Swett at the first consultation, upon his being called in, (in reply to Dr. Delafield) said "that the patient ought to take three grains of mercury three times a day, and that he should be cupped over the region of the liver as there was congestion of the liver," which was objected to by Dr. Delafield. Dr. Swett, the following day, visited the patient morning and noon alone, and in the evening consultation wholly changed his opinion of the disease, agreeing with the other two gentlemen that it was bilious remittent fever.

† Eisenmann asserts, that where two chills come in immediate succession, it is indicative of the beginning of suppuration; these double rigors may recur during the formation of matter. (See Eisenmann.)

rigor, making in all five during the day. He was much depressed in spirits and betrayed great exhaustion of the vital powers. Pulse quick, slightly diminished in calibre and weak; cheeks flushed, as had been the case daily for some time previous. At this period I consider, that matter was already formed. On this day the quinine was discontinued, and tincture of aconite in drop doses was substituted at two hours interval.

On Thursday, Oct. 30, he had a repetition of the chilly feelings, and three rigors of twenty or thirty minutes duration, followed immediately by profuse sweat;—symptoms in other respects much the same. Aconite and effervescent draught continued.

FRIDAY, Oct. 31. Three rigors, followed as usual by perspiration—pulse about the same as on the two preceding days—symptoms in other respects unaltered. A single dose of twenty drops of aromatic sulphuric acid was resorted to with the view to check the excessive perspiration.

SATURDAY, Nov. 1. Renewal of chilly feelings twice during the twenty-four hours, each succeeded by profuse perspiration—one rigor only during the day, which continued twenty minutes—pulse about the same—countenance expressive of great anxiety. At this stage of the disease, perspiration appeared from time to time without chilly feelings, or rigors, thereby betraying great exhaustion of the vital energies. Nitro-muriatic acid in the usual proportions was given internally, and was used as a “*pede luvium* ;” it was also applied to the surface of the body and lower extremities. Jaundice was regularly declining, having commenced to do so about the 27th.

SUNDAY, Nov. 2. Perspiration as usual continued and profuse—tongue as heretofore slightly coated. This day one rigor only, which lasted twenty minutes—much exhaustion. Jaundice rapidly declining; the urine by analysis exhibited a large proportion of bile.

MONDAY, Nov. 3. But one rigor on this day—much perspiration and coldness of the nose and extremities—other

symptoms the same as on the last preceding days. The hectic flush was at intervals still manifest.

TUESDAY, NOV. 4. Quinine was again resorted to, but in smaller doses—*two or three grains I believe every two hours—aconite continued, and nitro-muriatic acid given simultaneously with the quinine.

WEDNESDAY, NOV. 5. Awakened by pain in the bowels, or directly over the region of the stomach, as he informed me, which lasted twenty-five minutes, for which linen, saturated with laudanum, was applied. There was slight tumefaction of the abdomen—the pain and general soreness recurred several hours after, for which peppermint was administered; warm flannels were applied to the bowels, but not producing relief, a mustard plaster was substituted. Quinine continued, and on one occasion associated with *a teaspoonful of laudanum* with the view of preventing a recurrence of the rigors! At this time his pulse was small and tremulous, and very rapid, countenance haggard, and great dejection of spirits which continued throughout.

THURSDAY, NOV. 6. Pulse small, tremulous and quick; perspiration slight, but almost constant, desponding countenance and great depression of spirits, as was evident by different expressions used to those surrounding his bed. Pain in the bowels extending over to the left hypochondriac region. Quinine and nutritious sick room diet, such as beef tea, sago, brandy and water, and chicken broth, were freely resorted to.

FRIDAY, NOV. 7. Having passed a sleepless night, he betrayed great exhaustion—pulse feeble and frequent, countenance dejected, expressive of much anxiety; extremities cold, with much soreness of the abdomen: the same sustaining diet, and stimulants as on the day previous, were continued: fomentations and cataplasms were from time to time applied to the stomach and bowels.

SATURDAY, NOV. 8. Increased debility, and tenderness of

* For any inaccuracies of dates, or of proportions of medicines not specified, I must plead in excuse my inability to obtain any information from the apothecary, who was instructed *by the attending physicians, to refuse to give me a copy of the prescriptions.*

the bowels, as on the preceding day : small, feeble, and quick pulse—great restlessness, evident sinking of the vital powers—hiccup in the morning of an hour and upwards duration, which re-appeared in the evening : mind somewhat confused. He continued to decline until three o'clock A. M., at which time he ceased to breathe.*

As a journal from the 23d of October was kept by the family, I will offer no apology for transcribing it, as it exhibits the bed-room record of the phases of the disease, and remedies resorted to.

JOURNAL.

THIS journal, according to Dr. Rodgers's usual custom, was kept by his family, and the facts were put down daily as they occurred.

On the 9th of October, Dr. Rodgers was awakened in the night by a chill, and threw off about four table-spoonfuls of bile, remarking at the time that it was pure bile. The next day he complained of uneasiness in his right side, and pain in the bowels, for which he applied a mustard plaster. On Saturday the 11th, Dr. Dubois saw him professionally for the first time and prescribed a seidlitz powder. On Sunday, Oct. 12th, Dr. Wilkes saw him. On Monday, 13th, Dr. Hosack saw him, and Dr. Delafield visited him on Friday, Oct. 17th, in the evening. Dr. Swett was called in Nov. 1.

* At the early stage of the disease the bowels were relieved by the ordinary aperient medicine injections, &c. The stools were generally of a dark or brown color : on one occasion on the 18th, or 19th, of October, I observed after the effects of an enema, that the dejections were of a light or clay colored appearance.

The above remarks were made subsequently to the record of the journal.

THURSDAY, Oct. 23.—Took two pills; no fever, twenty minutes after three, a chill, which passed off five minutes of four; his hands were moist. Fever quarter past four, and perspiration at the same time; quarter past five, perspiring most copiously; ten minutes past eleven P. M., two pills, no fever.

FRIDAY, 24.—Twenty minutes of eight A. M. two pills; quarter before eleven, operation of the bowels; five minutes past twelve, operation of the bowels; half past twelve, chill, passed off ten minutes of one o'clock; it was succeeded by a very slight perspiration; his fever lasted until five o'clock; twenty minutes of six a slight chill; five minutes past eleven, a chill which continued twenty minutes; eighteen minutes past three a chill which continued till ten minutes of four; it was much harder than the last; pulse ninety-seven, quarter past seven, hands very warm, and his face very much flushed, took his pills a quarter before seven.

SATURDAY, 25.—Very comfortable all day, no chill, but some fever; ten minutes before one in the morning a slight chilly feeling succeeded by a profuse perspiration, which lasted a very long time; he had fallen asleep and was awakened by this profuse perspiration at two o'clock; ten minutes past three another slight chill, it proved to be a much worse one than the other, he was more generally cold; it lasted until half past three, and was succeeded by perspiration and fever.

SUNDAY, 26.—Pills of quinine at eleven, five, eleven P. M., and in case of a chill during the night, then at nine instead of eleven.

MONDAY, 27.—A quarter past six P. M. a chill; half past six, five grains of quinine, chill lasted half an hour. Half past ten, five grains of quinine; a very slight chill at twelve o'clock, very restless, rolling in bed, hot hands. Two pills at half past two; at half past six, took two pills.*

* The pills here given were quinine, with two or three exceptions, when triplex was administered as a purgative.

TUESDAY, 28.—Quarter before eight, operation of the bowels; five minutes after eight, a pretty hard chill which lasted until five minutes of nine; at one took two pills, perspiring very freely; quarter before five a very slight chill, at the same time his forehead was moist and warm. He said he had fever, and it continued until a quarter past six, when it passed off; he had a great deal of color in his cheeks; at ten minutes of seven, began to perspire, hands were still very warm and dry.

WEDNESDAY, Oct. 29.—Five minutes past twelve, effervescent draught; twenty minutes past three the same; twenty minutes of four, a chill, it lasted forty minutes; effervescent draught quarter before six P. M.; chill again at quarter past eight P. M.; medicine, one spoonful at half past nine; chill five minutes before eleven P. M., lasted about a quarter of an hour, when he fell asleep; aconite at half past eleven; felt the composing influence; quarter past twelve, effervescent draught; ten o'clock, operation of the bowels; twenty minutes after one, a tablespoonful of orange flower water; half past three, a teaspoonful of aconite;* five minutes past four, took an effervescent draught, soon afterwards he had a succession of chilly feelings, but no positive chill; ten minutes before five, he had the most severe one he has had, his nose cold but his forehead in a perspiration; his legs, feet, and back were very cold, but in a few moments was relieved by warm applications; slept very comfortably.

THURSDAY, Oct. 30.—Twenty minutes of ten, effervescent draught; three minutes of ten, a chilly feeling similar to those he had during the night; five minutes of twelve, effervescent draught; half past twelve, aconite; ten minutes before two, effervescent draught; twenty minutes of three, slight chill followed by a profuse perspiration, during which he slept soundly. A quarter before five, effervescent draught; aconite half past six; effervescent draught at quarter past eight; five minutes before nine, a chill, it lasted twenty minutes; ten minutes past twelve, aconite and effervescent draught;

* In reference to the administration of a teaspoonful of aconite, I believe the solution was in proportion of one or two drops to a drachm of water.

eight minutes past two, aconite and effervescent draught; twenty minutes after four, aconite and effervescent draught; chill quarter before seven, lasted thirty minutes.

FRIDAY Morning, Oct. 31.—Very profuse perspiration; quarter before ten, effervescent draught; about 1 P. M., two thirds of a glass of water, in which were twenty drops of elixir of vitriol; ten minutes past four, chill; in the afternoon a chill twenty minutes after seven, it lasted until twenty minutes of nine; chill at ten, lasted until half past ten.

FRIDAY Night.—Aconite at eleven, whilst in a perspiration; aconite at one A. M., after which he slept for an hour and a half without restlessness or waking; aconite at twenty minutes before four A. M.

SATURDAY, Nov. 1.—Nitro-muriatic acid quarter of two P. M.; two chilly feelings during the morning, but they did not amount to a shake. Nitro-muriatic acid at five P. M.; eight o'clock a pretty severe chill which lasted about twenty minutes; aconite at half past nine P. M.; foot bath at half past ten, feet in fifteen minutes; nitro-muriatic acid fifteen minutes of eleven; chilly feelings at half past eleven, followed almost immediately by a drenching perspiration; aconite at one o'clock.

SUNDAY Morning, Nov. 2.—Perspiration continued and profuse—slept at intervals of fifteen or twenty minutes until half past two, when he took another dose of aconite: nitro-muriatic acid at seven A. M.: nitro-muriatic acid at a quarter before three P. M.: chill quarter after three, lasted twenty minutes: aconite at eight o'clock: perspiration for more than an hour before the chill, quite free with more than usual languor: nitro-muriatic acid at nine P. M.: bathing and rubbing from ten till eleven P. M.: aconite at a quarter after one.

MONDAY, Nov. 3.—Eight minutes before six a chill, and a severe one—his legs and feet were very cold—it lasted about fifteen minutes: he was a little warm after it, and perspired a great deal: nitro-muriatic acid at half-past seven: quinine and vitriol again at a quarter before one P. M.: quinine and vitriol again at a quarter of three P. M.: his legs were rubbed

with the acid: second dose of aconite at five minutes after twelve.

TUESDAY, NOV. 4.—Quinine and vitriol at a quarter past two A. M.: to this time as comfortable as possible, but from this dose he was quiet but wakeful, refusing to take the aconite: at ten minutes before four came on a slight chill—feet cold and nose cold: quinine and vitriol at half past five A. M.; quinine and vitriol again at half past seven, again at half-past nine.

Again, quarter before twelve.

Quinine again at one.

Quinine again at two.

Quinine again at three.

Chill quarter before five.

Two teaspoonsful of quinine every two hours, commencing at two o'clock.

Aconite at a quarter past nine o'clock.

“ “ of twelve o'clock.

“ “ past one o'clock, A. M.

WEDNESDAY MORNING, NOV. 5. Quinine at two o'clock. But little sleep since twelve. Slept comfortably until about three or a little afterwards, when he was awakened by some pain, which, however, was soon relieved by the application of linen saturated with laudanum; he had this pain about twenty-five minutes; quinine at ten minutes past four; ten minutes past five, pain in his bowels, he took fifteen drops of peppermint, and had warm flannels applied, and a mustard plaster; fifteen minutes past five, operation of the bowels, very liquid; ten minutes past six, quinine; quinine again at quarter of eleven A. M.; quinine again at twelve P. M.; do. do. at half-past one P. M.; quinine and laudanum, at three P. M.

THURSDAY, NOV. 6. Before twelve, two swallows of brandy and water.

Sago at intervals; quinine pill at two A. M.

Quinine pill at five; sago just before.

Quinine pill at a quarter before eight o'clock.

“ at half after eleven A. M.

“ at half past five P. M.

A cup of chicken panada.

Twenty minutes past eight, a tablespoonful of the harts-horn mixture.

Half past eight, brandy and water—a tablespoonful.

Began the fomentations ten minutes before nine; continued them an hour and a quarter.

Twenty minutes past nine, beef tea.

Half past nine, brandy and water.

Ten o'clock, beef tea.

Half past ten, brandy and water.

Eleven, beef tea.

Half past eleven, brandy and water.

Twelve, beef tea.

POST-MORTEM EXAMINATION OF THE BODY OF DR. J. KEARNY RODGERS.

BY C. G. ISAACS, M.D.

[I must tender my thanks to DR. ISAACS for so politely furnishing me with this copy.]

ON laying open the cavity of the abdomen, it was found to contain a large quantity of semi-purulent matter, with flakes of coagulable lymph, which adhered to the peritoneal lining of the abdomen and to the serous surface of the intestines. The omentum was partially spread out over the small intestines, and adhered slightly to their surface. On carefully separating with the knife, the mesenteric border of the small intestines from the mesentery, numerous small drops of purulent matter were observed, on the separated edge of the mesentery, and on the corresponding border of the intestine—along the whole extent of divided surface from the termination of the ilium, up to the commencement of the jejunum. (This purulent matter was afterwards ascertained to

have issued from the cut orifices of the mesenteric veins.) On cutting into the mesentery, several small depots of purulent matter were found, containing from half an ounce to an ounce and a half of fluid. These were situated in the cellular tissue, between the lamina of the mesentery. The large and small intestines were removed and opened; but did not exhibit any appearance of disease (except on their peritoneal surface). The stomach, spleen and pancreas were healthy. The liver was removed, and the biliary ducts carefully traced out and opened, and appeared healthy. The liver was then laid upon its inferior surface, and upon making an incision upon its upper, or convex surface, several small points of purulent matter were perceived. On carefully examining these, the purulent matter was found to issue from the cut orifices of the branches of the vena portæ. Incisions were then made into the substance of the liver, in various places, and the same appearances were observed in the cut portions. The trunk of the vena portæ was now examined, and presented the appearance and feel of a firm, hard cylinder, and when opened, was found to be filled with coagulable lymph and semi-purulent matter, and a few small clots of blood. This vein, upon being traced into the right and left lobes of the liver, exhibited the same appearance in its branches, as far as their third and fourth divisions. Subsequently (next day) a small portion of the liver, placed under the microscope, exhibited no pus globules in its minute structure. On examining at the same time a portion of the mesentery, and carefully tracing up a branch of its mesenteric vein towards the intestine, this vein with its small branches was observed to be filled with shreds of coagulable lymph and semi-purulent matter. At the apex of both lungs, a few small cicatrices were found, as also some three or four small cretaceous masses. A few old and slight adhesions existed between the right lung and pleura costalis. The structure of the lungs and heart was perfectly healthy.

(Signed)

C. G. ISAACS, M.D.

Remarks upon the Report of the Post-Mortem Examination.

THE statement of the appearances on the post-mortem examination, as drawn up by Dr. ISAACS, although correct in the main, is still deserving of a few remarks. In speaking of the liver, he does not state the peculiar appearance of the upper surface, which I think is worthy of note. On the convex surface, it presented a light opal shade—observable on both lobes—the lesser one being slightly *noduled*, but offering no resistance to the finger, upon being passed over it; the size of the liver was rather less than usual. He goes on to state “that it was then laid upon its inferior surface, and upon making an incision upon its upper or convex surface, *several small points of purulent matter were perceived.*” This statement certainly does not appear to me to give a complete view of the condition of things, inasmuch as *every branch of the portal vein in both lobes so cut, was literally gorged with purulent matter, as far as the eye could follow its ramifications.* Dr. Isaacs then further states, “that the trunk of the vena portæ was examined and presented the appearance and feel of a firm, hard cylinder, and when opened was found to be filled with coagulated lymph and semi-purulent matter, and a few small clots of blood. The vein on being traced into the right and left lobes of the liver, exhibited the same appearances in its branches, as far as their third and fourth divisions.” This description of the appearances of this vein does not certainly accord with my impression derived at the time. The trunk of the portal vein was at its cut extremity partially supported by a cylindrical lining or false membrane of lymph, attached to the inner coat of the vein by shreds: this vein was imperfectly filled with purulent matter, much having run out. The cylindrical lining was found, when laid open, to extend throughout to its third and fourth divisions, the orifices of which were *filled with purulent matter.* I could not discern the *clots of blood* as observed by Dr. Isaacs. Dr. Isaacs then makes mention subsequently (next day) of a small portion of the liver being placed under the microscope, “exhibiting no pus-globules in its minute struc-

ture," and "on examining at the same time a portion of the mesentery, and carefully tracing up a branch of its mesenteric vein towards the intestine, this vein with its small branches was observed to be filled with shreds of coagulated lymph, and semi-purulent matter." As I was not invited to these microscopic observations, I will here take the liberty of asking Dr. Isaacs how far the matter or pus globules were traced in the minute distribution of the portal vein in the liver? Does the *minute structure* of the liver, as above stated, include the minute distribution of the portal vein? or is the remark confined to other portions of that organ? I must infer that it has reference to the latter only, as these branches were gorged with purulent matter, as far as the eye could trace them. While upon microscopic inspections, I would beg leave to remark, that as no mention is made of the pus globules being of long standing, I presume it is conceded that the matter found in the post-mortem examination of the body of Dr. R., was of recent formation. That the matter as found in the depots in the mesentery was not of long standing is evident, both from the fact that he had enjoyed comparatively good health to the time of his late illness, except occasional bilious discharges from the bowels, as well as from the fact that the depots of matter above described were not encysted or supported by dense walls or distinct coverings; as they were barely sufficient to retain the accumulation, thereby showing that the pus as found in the depots was of rapid and recent formation.

Dr. Isaacs omitted, or probably it did not seem to him important, to detail the conversation I had with him at the time of conducting the post-mortem examination. I will, therefore, state, as it is important in confirming my views of the case, that at this stage of the dissection, after the removal of the stomach and intestines (for I had not before spoken to him in reference to the post-mortem), I requested him to remove the liver and its appendages carefully, and to place them in a basin for examination near the window, which he politely did. I then requested him after inspecting the convex surface of the liver, first to examine the capsule of Glis-

son, and the main ducts with the blowpipe, to ascertain their condition: they were sound. 2dly, I requested him to turn the liver over (convex side uppermost) and to make a deep incision transversely through the major lobe so as to divide the ramification of the branches of the portal vein, and to repeat the same in the lesser lobe; this also he did. They were found gorged with matter. 3dly, I then requested him to pass a blowpipe into the main channel or vena portæ to ascertain if the branches so divided by the incision (and gorged with matter) were the ramifications of that vessel only; this was also done. 4thly, I then asked him to make an incision diagonally to the first and longitudinally with the trunks of that vessel; this was done, and they also were found gorged with matter and cylindrical lymph. The same was repeated on the lesser lobes with similar results. 5thly, I furthermore requested Dr. Isaacs to turn the liver over and examine the portal vein on its entrance into the liver, and to divide it quite up to its first divisions; they were, in like manner, found gorged with purulent matter, and contained the same cylindrical lymph formation.

CASES.

I WILL now endeavor to show that the opinion I at first expressed and acted upon was the correct one,—that of biliary congestion of the liver,—and that the inflammation that supervened in the portal circulation, was the result of unremoved obstruction in that organ.

Congestion, as understood by ancient writers, is rather a vague term; it meant merely an engorgement. Ordinary

congestion of the liver, even with enlargement of that organ, is not always attended with pain, which remark is sustained by all modern pathologists. Cruveilhier also gives cases of inflammation of the gall-ducts in the liver unattended with pain. By these authorities, with the aid of the microscope, it is more distinctly defined. According to Kiernan it is divided into several kinds : that which arises from interrupted circulation through the heart, termed by Mr. Kiernan, hepatic venous congestion ; this is again divided into degrees of congestion, according to the vessels involved, such as biliary congestion, where the ducts are concerned, and portal venous congestion, where the portal veins are involved. Biliary congestion is an accumulation of biliary matter in the lobules of the liver, and may be caused either by an impediment to the free escape of bile through the small ducts, by pressure arising from distended capillaries of the hepatic veins, or by interruption to the flow of bile, by causes operating mechanically in the larger ducts, or by changes which the biliary fluid undergoes, from various causes, or where the thinner parts of the fluids of the body are carried off by increased secretions. These observations are made by all modern writers on the pathology of the liver, such as Budd, Kiernan, Annesley, Cruveilhier, Rokitansky, and others. Annesley states (page 329, Vol. I.) “that, in India, in persons who die of diseases of the liver, the hepatic ducts are completely gorged with viscid bile without any apparent change sufficient to account for the circumstance, and without any other impediment to the escape of the bile than that which arises from its own viscosity.” Budd also states (page 256), “that an unhealthy condition of bile may inflame or irritate the gall-ducts, and that the secretion of bile may be disordered when the portal blood, from which the materials of the bile are drawn, is rendered unhealthy from unhealthy food, faulty digestion or assimilation, &c. &c.” The same writer also says, “*it may probably be disordered too from the direct influence of anxiety or strong mental emotion.* In any case, the disordered secretion of bile is the effect of some other disease or some cause that disorders other organs as well.”

Obstructed flow of bile, or biliary congestion of the liver, may produce inflammation in the gall-ducts from over-distension. This inflammation may extend to the adjacent structure or portal veins so intimately connected with them,* the same as in inflammation originating in the capsule of Glisson, ending in suppuration and consecutively involving the portal vein. (See Rokitansky, Cruveilhier, and others.) It may also act from the original morbid condition of the bile, which has already been the cause of congestion, or may act chemically from being for some time arrested in its course. These may separately or conjointly operate as causes producing inflammation in the adjacent areolar tissues and portal branches. It is certainly reasonable to suppose that where congestion of the liver exists, it may be aggravated to such a degree as to cause suppuration in those vessels, where the remedies used (mistaking it for another disease) are calculated in themselves to produce congestion, such as the administration of twenty to thirty grains of quinine, per diem, as occurred in the case of Dr. Rodgers. The following case is, in some degree, an exemplification of similar results originating from the same cause, but occurring in the hepatic ducts instead of the portal vein:

CASE GIVEN BY DR. OLLIFFE, OF PARIS.

“The most striking instance of suppurative inflammation of the hepatic gall-ducts I have found recorded, was related by Dr. Olliffe (of Paris), at the meeting of the British Association, in 1843. It occurred in the person of an officer, who had resided many years in India, and, during that time, had suffered from ‘jungle fever,’ or a peculiar intermittent of tertian type, which afterwards recurred in a slight form when he was in Italy. Many years afterwards other symptoms came on, which, at first, were not of an aggravated character, such as debility and slight nausea every morning, not amount-

* It is to be borne in mind that the branches of the portal vein accompany the branches of the hepatic artery and biliary ducts in their ramifications through the portal canals, to terminate in the substance of the lobules. These vessels are contained in the capsule of Glisson, which extends with them to their ultimate destination in the liver.

ing to vomiting. Then daily rigors set in, followed by fever, which ended in sweating, as in ordinary intermittent fever. The periodical symptoms were stopped by quinine, but he grew weaker and at length died. Latterly there was some tenderness over the liver which seemed enlarged. The liver was found enlarged, but it presented no marked change of structure except in the mucous membrane of the gall-ducts, which was thickened and softened and readily separated from the tissue beneath it. The ducts were enlarged and filled with pus, and this through the entire organ, so that wherever an incision was made, pus oozed out. The veins were particularly examined and were found healthy. The gall-bladder was full of bile mixed with pus. The mucous membrane of the entire alimentary canal was healthy. The other viscera of the great cavity appeared perfectly sound."

CASE OF DR. ROBERT.

"Dr. Robert observed a very fatal case of phlebitis hepatica, caused by a rupture of a biliary duct and effusion of bile into its corresponding portal vein into the liver."

CASE OF DR. JAMES RUSSEL.

Dr. James Russel reports a case where matter was found in the portal vein consequent upon abscess of the liver after amputation of the leg. Cited by Dr. Budd (page 143). "He says, in speaking of inflammation of the portal vein, that it may be caused by an abscess of the liver, consequent on phlebitis of some distant part. This happens, however, very rarely; probably on account of the coats of the vein being thick and surrounded by areolar tissue. The only instance of the kind I have met with, is in a case sent me by my friend Dr. James Russel of Birmingham. The patient, a man of middle age, had his leg amputated on the 18th of March, on account of gangrene coming on after a compound fracture. Three days after the operation he had a rigor, followed by sweating. The rigors recurred, other constitutional symptoms of purulent phlebitis came on, he got gradually lower, and

died on the 20th April. Occasional pain at the epigastrium was the only sign that the liver was diseased. An abscess was found in the apex of each lung, and three or four abscesses in the liver. A large branch of the portal vein, in contact with one of the abscesses, contained a hollow cylinder of lymph, about two inches in length, filled with pus. The abscess reaching the coats of the veins, had probably excited inflammation of its lining membrane, just as an abscess, reaching the surface of the liver, excites inflammation of the peritoneum above it."

CASE OF MRS. ———, ATTENDED BY DR. HOSACK AND DR. RODGERS.

The following case, being that of congestion of the liver, accompanied with its usual symptoms, and which ended in plastic inflammation of the portal vein, is one of peculiar interest, the more so as it was diagnosticated by Dr. Rodgers and myself, and treated accordingly. The patient recovered, and is now living in comparatively good health. Mrs. ———, upwards of sixty, of a naturally good constitution, had enjoyed uninterrupted health until the last ten years, when she was occasionally attacked with disturbances of the stomach and inflammation of the liver, accompanied with œdema of the feet, which yielded to the ordinary treatment. The last attack, which occurred eighteen months since, commenced with pain in the right hypochondriac region, attended with the usual symptoms, which resisted the antiphlogistic treatment. Serious effusion took place in the abdomen to a considerable extent, which called for, in addition to the above treatment, the use of hydragogue medicines, which were continued for five months, when the disease finally yielded and the swelling entirely disappeared. It is worthy of remark that, by the foregoing remedies, the patient was slightly salivated. Soon after this, symptoms of inflammation of the portal structure manifested themselves, which were as follows: pains in the epigastrium and right hypochondriac region, which continued for several days, when jaundice appeared, which had slightly manifested itself on previous occasions during her illness.

These symptoms increased, with the addition of pain extending from the epigastrium to the left hypochondriac region, and also from the umbilicus to the ensiform cartilage, accompanied with general soreness, succeeded by a sense of heat and burning pain throughout the abdomen, and also acute, deep-seated pain in the direction of the portal vein: sallowness increased. The pulse at this stage was quick, 110, soft and compressible, the tongue was slightly coated with a white fur, denser at its base, and which continued the same throughout her illness. The patient at this time, at 11 p. m., was attacked with a very severe rigor, which lasted two hours, attended with a profuse sweat during the rigor, and immediately succeeding it. It was not followed by fever, the pulse continuing the same. The bowels had been, and continued to be, acted upon by medicines of a mild aperient kind. The next morning she had a chilly feeling which lasted for some time. The day after she had a slight rigor which was accompanied by sweating: she had again another rigor two or three days after. These chilly feelings recurred at irregular periods, for about a fortnight, with hectic flush morning and evening and slight fever. The soreness of the bowels and pains in the left hypochondriac region increased, associated with pain in the left shoulder, connected with nausea, hiccup, short breathing at times and a troublesome cough at irregular periods. These latter symptoms occurred at the advanced stage of the disease. The patient had dejection of spirits, with a countenance expressive of great anxiety, and restless and watchful nights. She had frequently slight discharges of blood from the bowels, which in the commencement of her disease had been excessive. The urine was always turbid, with a red deposit, and which upon analysis was found to have a preponderance of ammonia and very little of uric acid. The epigastric veins were large and constantly distended, which circumstance was noticed by the patient, who called our attention to it. The symptoms gradually yielded to the following treatment: In the dropsical stage of the disease an emetic was administered; 14 to 16 ounces of blood were taken from the arm, leeches and cups

were applied several times over the region of the liver; a succession of blisters was placed on the right hypochondrium and over the bowels; calomel was freely administered and carried to the point of salivation; veratrine ointment (25 grains to the ounce) as well as that of stramonium (to the amount of several ounces each) were rubbed alternately over the abdomen with great relief, and strong tincture of aconite, with cataplasms of linseed. The symptoms declining and appetite improving, all nutritious diet and drinks were had recourse to. Her convalescence was slow and she now enjoys comparatively good health. All the pathognomonic symptoms characterizing this disease were present, as laid down by *Rokitansky*, *Schönleins*, *Raczynsky*, *Eisenmann*, *Canstatt*, and others.

CASE ATTENDED BY DR. HOSACK, DRAWN UP BY DR. C.

Thomas U——, a young and to all appearances, previously healthy man, a seaman by occupation, was seized with typhus fever of a very severe type, which ran its course in about six weeks, when the visits of his physician were discontinued, and he was in the habit of walking out every day. September 15th, twelve days after, he walked on the Battery in the morning, feeling quite well. In the evening he was seized with a rigor, but was not seen by Dr. Hosack until the next morning, when he found him complaining of pain, extending from the right hypochondriac region through the epigastrium to the posterior part of the left hypochondrium, and from the ensiform cartilage down to the umbilicus. His pulse was frequent, tongue dry and coated at its base, and his surface becoming quite sallow. He was ordered a pill of Mass. hydrargyrum, followed by the common eccoprotic mixture. That day he had another rigor, followed by a short hot stage, the latter being followed by profuse perspiration. The next day he had two rigors at irregular periods, followed by a profuse sweating stage unattended with fever. During the whole time he complained of pain in the region above described. He was now ordered an emetic, the effect of which was im-

mediate relief from the pain, and cessation of the rigors. The next day he was ordered hydrargyri sub. mur. in gr. iij doses until gr. x ij. had been taken, his surface now being of a deep yellow tinge. September 25th. The yellowness of his skin has been gradually diminishing and his general health slowly improving.*

I have here cited four cases of inflammation of the portal vein, originating from the liver, two of which terminated fatally: one from extensive suppuration in the portal vein, consequent upon congestion and the bursting of a gall-duct into its accompanying branch of the portal vein in the liver; the other from the formation of lymph and matter in the same vessel caused by an abscess in the liver.

The other two recovered, both caused by congestion and inflammation of the liver.

AUTHORITIES.

CANSTATT, Vol. IV., Page 239.

Inflammation of the Vena Portæ and of the veins of the liver.

(Phlebitis hepatica.)

Anatomical Characters.

Page 90. They are the same as in phlebitis in general. The products of inflammation are found in the vena portæ and its branches. The coats of these veins are thickened—occasionally they are transformed into mere channels of pus.

* This case terminated in resolution, in consequence of the congestion of the liver being removed by treatment. An abscess has since appeared in the axilla, and has healed without any ill consequences. The patient has since done well.

Those veins of the vena portal system which do not partake of the inflammation, are enlarged and swelled with blood, the spleen is occasionally enlarged, there is inflammation and suppuration in the surrounding cellular tissue in the *capsula Glissoni*, from whence inflammation sometimes originates, and is transported to the vena portæ. The *liver* does not always exhibit organic alterations either in the acute or chronic stage.

Symptoms.

Page 91. The inflammation of the vena portæ may be either acute or chronic. *Raczynsky*, by his own observations as well as those of others, and also Schönleins's collected observations, gives the following description of the acute form :

A. *Stage of inflammation, local symptoms* : Sudden pains in the epigastric and hypochondriac regions of the right side, in the linea alba between the navel and ensiform cartilage, originating without any distinct cause, resembling colic in its coming and going, increasing by pressure, and gradually spreading over the whole abdomen around to the spine. Heat in the depth of the hypochondrium, the abdomen more or less tense but not meteoristic, the veins of the abdominal walls enlarged and ascending to the chest and axilla. *General symptoms* : Fever, beginning before, with, or after the local symptoms, severe chill for hours, followed by burning heat, *an accelerated, soft and weak pulse, dry skin, dry tongue, coated at its base with a thick white mucus, bitter taste, nausea and vomiting, thirst, heaviness in the head, dizziness, faintness, restlessness, sleeplessness and constipation, small discharge of a very red urine, with a brick-powder-like sediment.* After a short time trouble about the breathing, restless turning in the bed, and jaundice.

B. *Adynamic stage*—three to eight days after the beginning of the disease. The first stage never protracts until the fourteenth day. *Local symptoms* : the pains and the heat in the abdomen disappear entirely ; there is a perception of throbbing in the abdomen, and occasionally in other parts of

the body; the abdomen is more expanded, the evacuations of the bowels are darkish, and occasionally contain blood.

General and consensual symptoms: choking of black masses like diluted soot, pressure in the abdomen causes stitching pains and choking, palpitation of the heart, irregular and unequal impulse, great anxiety, distorted features, moistened face, black color of the mouth, of the orifice of the nose, of the tongue, trembling of the tongue, prostration, loss of the mind, an anxious and vacant look, dilatation of the before contracted pupilla, sopor coma, delirium, automatic motions of the hands towards the abdomen, small and innumerable pulse. Towards the last much black blood is discharged by the anus, strength diminishes continually, hypocratic face, cold extremities, and in about seven days death supervenes.—*Eisenmann* completes that description by directing the attention to a second chill, which indicates the beginning of the suppuration, and which can come by repeated attacks.

Chronic Form.

Page 92. Sometimes a considerable loss of flesh, jaundice, ascites, and general dropsy are all the symptoms. *Raczynsky* gives the following description of the chronic form: A disagreeable sensation of pressure in the pit of the stomach, a sensation as if all would stop in the abdomen, a little heat in the hepatic region and a little pain from the beginning, the abdomen is a little expanded and somewhat painful, yellow color of the skin, dilated veins of the abdomen and of the extremities, a little fever in the evening with alternating chill and heat, dry skin somewhat warmer, the pulse sometimes accelerated and soft, sometimes slow and weak, dyspeptic troubles, repeated vomiting of greenish black masses, intermixed with blood, torpor of the bowels, a red powder-mixed urine, a little dyspnoea and coughing. Emaciation progresses and the abdomen expands more, sometimes with symptoms of dropsy, strength fails, the emaciation increases though there is sometimes more appetite, a hectic state, black blood discharged from the anus, slight delirium coma, then death. The disease stands from a month to a year.

Causes.

Page 93. The inflammation of the vena portæ, as all phlebitis can originate, *primarily*, in the internal coat of the veins, or, *secondarily*, in consequence of phlebitis in other parts by the propagation of the inflammation, or by resorption of pus or ichor, or by the extending of the inflammation and suppuration from the capsule of Glisson and the substance of the liver, from the stomach, from the intestines and from the spleen to the system of the vena portæ and to the veins of the liver.

Rokitansky, Vol. I., page 528.

Pyaemia is not seldom *primitive*, (protopathic or deuteropathic, *i. e.*, produced by other diseased constitutions, as, for instance, the typhoid or an exanthematic constitution), but more ordinary pyaemia is *consecutive*, *i. e.*, the consequence of reception of pus in the blood, an infection which takes place in different ways, as :

A. By the reception of purulent plasma in the lymph-vessels, or immediately in the blood-vessels, (resorption of pus.) There is no doubt about the fact, in spite of the greater consistency of the pus comparatively to the blood.

B. By reception of pus in opened blood-vessels, especially in organs which, by their greater solidity, keep the openings of the blood-vessels free. Of such a condition are also the cases of reception of pus *exudated* in the cavity of the larger blood-vessels.

C. Especially when the pus produced by a local process in the interior of a vessel, gets into the veins.

All that concerns both of the above mentioned degrees of pyaemia, of which the second one occurs independently, produced by the infection of the blood by stagnant and so decomposed and putrefied pus. The same is the case with poisoned wounds by cadaverial pus.—By injection of purulent plasma, *Dârcet* has produced the disease, which is but the spontaneous development of the lower degree of pyaemia to the *purulent sepsis*, to the *necrosis of the blood*, and it is proba-

ble that such a development is effected by the oxydation of the pus in the blood by the respiration.

Boaillaud in the *Arch.*, Gen. *Regnaud* in *Journal hebdom.*, Tom. II., No. 24, also in *Revue Médicale*, 1839.—*Dance* in *archive générale*, Dec., 1828, Feb., 1829. *Bone* in *Clinique des Hôpitaux*, May, 1829, also in *Bulletin des Sciences Médicales*, 17, p. 216. *Newmann*, *Méd. Clinique*, Vol. II., p. 665. *Balling*, *Méd. Clinique*, p. 310.—*Figeau* in *Bibliothèque Médicale*, XXXVIII., p. 209.—*Select Papers*, XXVIII., p. 333.—*Raczynsky*, *Inflammation of the Vena Portæ*, 1838.—*Mohr*, *Central Gazette*, 1840, No. 29.—*Schmidt's Journal*, Vol. XXVIII., p. 50.—*Cruveilhier*, in *Universale*, Vol. XI., p. 109. Also in *Anatomie Pathologique Livraison*, XVI., Feb. 3.—*Eisenmann*, in *Schmidt's Encyclopædia*, Vol. VI., p. 303.—*Güterbock*.—*Schönlein's Lectures Cliniques*, No. 2, p. 275, refers to three Inaugural Dissertations of *Kæther*, *Lauder*, and *Messon*.* *Lambron*, in the *Archives Générales de Médecine* for June, 1842. Here, inflammation of the trunk of the vena portæ was caused by a fish bone, which passed through the pyloric extremity of the stomach and the head of the pancreas, and stuck in the superior mesenteric vein.

Part of the above is a literal translation from the German and French authorities.

* *Messon* gives a summary of all the cases of inflammation of the portal vein recorded in his Inaugural Dissertation.

ACTION TAKEN BY THE PATHOLOGICAL SOCIETY IN REFERENCE TO THE CASE OF DR. RODGERS.

THESE three gentlemen, Drs. Delafield, Swett, and Dubois, are members of a Pathological Society, which is presumed to be a scientific association for the investigation of truth. These gentlemen after the post-mortem examination of the body of the late Dr. Rodgers, repaired to the rooms of the Society which held its regular meeting three days after the death of Dr. Rodgers, and there made a statement pronouncing the disease to be that of phlebitis of the portal vein which had caused his death, retracting the opinion which they had before, most decidedly expressed, of its being bilious remittent fever, and that I, as well as they, were wrong, and this they also repeated in domestic circles.* Remarks immediately followed by some of the members. Dr. Clark, the Professor of Pathology in the College of Physicians and Surgeons of the University of the State of New York, addressed the meeting, and said, “that this disease was one of very rare occurrence; but six cases only, had been known to the profession, and that one of these was that of Dr. Rodgers. He said, this disease has no pathognomonic symptoms, and cannot be discovered until after death, and if known could never be cured as it is always fatal.”

The learned professor goes on to state that it was impossible

* I trust I shall not be charged with being too particular in stating my views of his disease. I am under this necessity, in consequence of these gentlemen and their friends having said (and continuing still to assert) that I had no distinct opinion of his case.

for any person to have diagnosticated the disease of which Dr. Rodgers died; then appealing to the Society, he said, “by the nods and smiles of acquiescence of those about him, that he was satisfied that a part, if not a greater part of the Society, agreed with him in opinion.” This eloquent speaker was followed by another member of the Society, who stated, “that a member of the profession and his friends were circulating a report that Dr. Rodgers died from a mistake in the treatment of his disease, and that if they, (this physician and his friends,) had had the management and treatment of this case, they could have cured him.” He then moved, “that a vote of censure be passed upon this physician, and that all the members of this Society go forth and contradict such a statement.” The above communications and remarks are deserving of but little notice. I cannot, however, pass over the scientific part of Professor Clark’s assertion. He states in the first place, “that the disease was of very rare occurrence, and that only six cases had been known. Secondly, that this disease has no pathognomonic symptoms, and if known could not be cured, as it is always fatal.” As these assertions are so amply refuted by the authorities quoted, (see page 30,) any additional observation from me is unnecessary, particularly as the number of authorities quoted at page 34 furnish some three, some four, some five cases, exhibiting pathognomonic symptoms as laid down, several of which were diagnosticated before death in the hospitals at Vienna, Paris, Berlin, &c. &c. In reference to the last part of the learned Doctor’s observation, where he says, “by the nods and smiles of acquiescence of those about him, that he was satisfied that a part, if not a greater part of the Society agreed with him in opinion;” this I should deem unnecessary for a professor of pathology whose word alone should almost be law to his hearers. I am therefore quite at a loss to imagine by what motive Professor Clark was actuated in enlisting proselytes, unless it were that of screening his fellow-members. At all events, it comports but little with the dignity of a Society, professedly learned and having truth for its object, to feel such necessity

and to resort to such unworthy means to uphold errors, committed by individuals of their society, and reflecting upon a member of the profession, who is in no way connected with these local institutions. As regards the remark made by the gentleman moving the vote of censure, I presume he did so in allusion to my having tried to persuade Dr. Rodgers in the early part of his illness, to allow Dr. Wilkes and myself to assume the charge of him, and of the assurance I gave him of his recovery, in the event of his complying. Aware that the Society has honorable members in its association, and not believing it possible, notwithstanding the course pursued by Dr. Clark, that they could receive and condemn upon ex-parte statement, at the next meeting on the 26th November, I deemed it a duty to myself as well as to those honorable members, to send them so much of the case of Dr. Rodgers as came under my observation, up to the time of my withdrawing from the consultation, which was done with a liberal and impartial consideration, accompanied with, what I conceived to be, a polite note, explanatory of my object, addressed to the President and members of the Society. (See Appendix, page 42.) The note being read, Dr. Swett moved that the documents be referred to a committee, saying, "that as Dr. Hosack was not a member of the Society, the admission of a communication of this character without any previous consideration, implies a want of correctness in the statement of the same case as given by a member or rather several members of the Society at the last meeting, and that the Society should by all means *sustain its members*, (even in error, I presume, according to Professor Clark's doctrine,) in the veracity of their report, and that they ought to have no controversy about it, for if they did, they would only get themselves *more and more into hot water*." Dr. Swett then proposed that it should be referred to the President to report at the next meeting, and said one reason he proposed it to Dr. Van Arsdale (the President pro tem.) was, that he believed he was rather on friendly terms with Dr. Hosack, and he had sent for him (Dr. Van Arsdale) to attend the post-mortem examination. At the next meeting, December 10th, Dr. Van

Arsdale reported in favor of having the communication read, but it was overruled by the Society.

In reference *to the fact* of my intention to have invited Dr. Van Arsdale to the post-mortem examination (as asserted by Dr. Swett), I would beg leave here to quote from the letter afterwards addressed to Dr. Van Arsdale, to correct the mistake, as follows: "Now, not wishing to presume on friendship, and preferring that the communication should rest alone upon that of justice to myself, I beg that you will not allow any friendly considerations for me to actuate you in the course you may think best to pursue. I must also take this opportunity to inform you, that the notice I received of the time appointed by the gentlemen in attendance, for the post-mortem examination to take place, was so short, that even had your name occurred to me, I could not have notified you of it. I cannot, therefore, conceive what suggested to the mind of the gentleman making the motion, to have stated that such was my intention." Nevertheless, Dr. Swett at this meeting reiterated it, and asserted that I told him (Dr. Swett) that I had done so, which I here positively and unequivocally deny. Dr. Van Arsdale having reported in favor of receiving and reading the communication, qualified it by saying that it contained nothing in the least degree objectionable. A motion was then made by one of the members that the report be accepted, which was carried. The same gentleman again moved that they should now go into executive session, which was also carried. The room was then immediately vacated by all but the members of the Society. This certainly seems to me a very extraordinary course for a scientific body to pursue, to debate in the closet upon the merits or demerits of such a communication, when you take into consideration the favorable report of their committee, and assurances of its containing nothing in the least objectionable, as well as the letter addressed by me to the President and members of the Society, expressive of the purport of it. Not hearing from the Society of any action having been taken upon it (*even in secret*), I must conclude that my communication was rejected.

SUMMARY.

CAN any well educated or practical physician, after reading the history of this case and the post-mortem examination, or the journal as recorded by the family, showing the various changes and the progress of the disease, and the cases above cited, for one moment imagine (certainly no educated surgeon would) that it could have been mistaken for bilious remittent fever, and that such treatment would have been proper had it been that disease? Nevertheless, such was the fact, in spite of remonstrance and such convincing proofs as were evident by the rigors, and continuance of sweats and peculiar pyaëmic pulse. It would really seem they were bewildered, following a phantom which left them in darkness and dismay. Strange as it may appear, they were not convinced until the startling facts were revealed by the dissection; and not only then did they admit their own error, but they were unwilling to award to me the merit of the early discernment of the disease, and a plan of treatment by which such disastrous consequences might have been averted. Having differed from them in opinion, thus making it necessary for me to withdraw from the consultation, (which I should have done long before had it not been for the earnest solicitation of my family,) I expressed myself to Mrs. Rodgers (who was extremely desirous of my continuing in the consultation), that I could see nothing to change the opinion I had formed and so frequently expressed, and that my attendance would be of no farther avail. I at the same time enjoined upon my sister, Mrs. Rodgers, that it was her duty to obey, implicitly, the directions of the attending physicians, adding that I had only to regret that I could

not accord with them in opinion. The physicians asserted to the family that I was wrong in my views of the disease, and that it was bilious remittent fever, as clear as the noon-day. So pertinaciously did they adhere to their opinion to the last, that upon meeting Dr. Swett in the ante-chamber on Saturday, (the day previous to Dr. Rodgers's death,) I asked him if he saw nothing to cause him to change his mind, to which he replied "that he was more confirmed than ever that it was bilious remittent fever."

After the death of Dr. Rodgers, the attending physicians (without conferring with me) had effected the arrangements with the relatives of the family, to make a post-mortem examination. I was only apprised of it at a late hour from another source, and attended at the time appointed by the physicians. I felt that I had the right to be present, and invited a few of my professional friends to accompany me, viz.: Dr. Wilkes, Dr. Van Rensselaer, Dr. Darling, and Dr. Church. This precaution I deemed necessary in consequence of the conduct of the consulting physicians in this matter, which led me to suppose that it was necessary I should have reliable witnesses as regards the facts to be disclosed. Notwithstanding the results of this investigation, (as published in the post-mortem examination,) these gentlemen have persisted in my being in error, and that the disease of which Dr. Rodgers died could not have been known; and if known, could never have been cured.* Aware that such assertions were incorrect, I have proved, I think, that I was both right as regards the diagnosis of the disease, and that it admitted of cure, as illustrated by innumerable instances. I now leave the entire case in the hands of the profession, to whom it is addressed, knowing that they will impartially judge of it. I trust, after their deliberate investigation, that they will find I am sustained in my diagnosis and predictions of the result: 1st. That of inflammation of the minute extremities of the portal vein in the liver, (or, as expressed

* See Budd upon adhesive inflammation of the branches of the portal vein in the liver.

by me to the physicians in consultation, in the transit of bile from the portal branches to the sources of the biliary ducts in the liver,) consequent upon biliary congestion, ending in the formation of purulent matter; 2d. That I was justified in the course I pursued in withdrawing from the consultation; and, 3d. In giving publicity to the facts of the case, in defence of my character and professional reputation.

Further comments I believe would be trespassing too much upon the reader; but the very interesting matter found in these pages will, I think, be a sufficient apology for their length. In publishing this to the medical public, I have permitted no other feeling to prevail than that which belongs to a professional gentleman who has had his honor and medical reputation grossly assailed.

APPENDIX.

THE following is an exact copy of the statement of the case and journal page sent to the Pathological Society, up to the time of my withdrawing from the consultation. Although it differs somewhat in language, from the foregoing statement, it has, nevertheless, embodied in it a true history of facts, and my views of the disease from the beginning. Not wishing to intrude personal differences upon a Society professing to be purely scientific, or to appeal to them as an umpire in such differences, I purposely withheld the conversations in consultation, in which my views were most positively expressed.

To the President and Members of the Pathological Society, Nov. 26, 1851.

GENTLEMEN :—Having learned that two members of your society who were in attendance on the late Dr. Rodgers, made a statement of the case, and feeling assured by the avowed object, and high character of your association, that any authentic particulars of the case calculated to throw light on its nature and results, will be acceptable to you, I beg leave to present you the subjoined memoir of facts as observed by myself, with comments on the post-mortem results ; and owing to my domestic and personal relations with our deceased colleague, I further beg leave to request that this statement be enrolled in your valuable archives, and constitute a part of the publication you may choose to make to the profession, respecting the very interesting pathology of the case.

I remain, gentlemen, very respectfully, A. E. ROSACK.

Statement of Facts in the case of the late DR. J. KEARNY RODGERS, communicated to the Pathological Society by ALEX. E. HOSACK, M.D., Nov. 26, 1851.

DR. RODGERS, although, naturally, of a good constitution, has once in his life suffered from a severe attack of illness which occurred about sixteen years ago, during the winter of 1835 : he became extremely attenuated, and serious doubts were entertained of his perfect recovery. His disease has never been satisfactorily understood. His friends, however, regarding it as Dyspepsia, advised a voyage to the West Indies, from whence he returned greatly improved and soon after was perfectly restored to health ; since then he has been apparently well, until the commencement of the present year, when he has occasionally been annoyed by looseness of the bowels, with a slight feeling of discomfort in the abdomen, and only on two different occasions has he been obliged to confine himself to his chamber, and then but for a day or two at the time ; he, regarding it as an inconvenience only, resorted occasionally to a few drops of laudanum during the day, or a glass of brandy and water at his dinner, which exerted a controlling influence over it. The first of these attacks occurred in the month of July, and the second in August, while enjoying himself for a few weeks at Long Branch, on the sea-shore. This then embraces all that appertains to his ill health to the 9th of October, when he was seized with the illness of which he died. On the evening of that day, after returning from a visit to a patient, he complained of not feeling well ; he retired at his usual hour, and was awakened about midnight, by a sense of coldness, and had a slight chill ; complaining of nausea he called for a basin, and threw off, as he informed me, about two mouthfuls of pure bile : he refused to take warm water to rinse his stomach as was urged upon him, and soon after fell asleep. He rose at the usual hour in the morning saying he was better, though complaining of uneasiness in the right side, and slight pain in the bowels. He partook of breakfast as usual, and visited such patients as were necessary to be seen during the day.

On Saturday, the 11th inst., Dr. Dubois saw him for the first time, and suggested a scidlitz powder, which was taken. On Sunday morning Dr. Wilkes stopped in on a visit to the family, when Dr. Rodgers consulted him about his symptoms, which Dr. Wilkes regarded as functional disorder of the liver, and accordingly advised the use of blue mass, and actually procured the pills for him, urging

him to take two immediately, to be followed by a seidlitz draught. At Dr. Rodgers's request Dr. Wilkes called at my house that morning to inform me of the Doctor's illness, and of his desire to see me; not receiving the message until too late in the evening, I called upon him the following morning October 13. I found him free from fever, with a white, slightly coated tongue. Although he complained of pain in the bowels and of a slight uneasiness in the hypochondriac region, for which he had applied a mustard cataplasm,—he did not wince upon pressure. I saw him the next day, Tuesday the 14th, and found him much the same, with the exception of a slightly accelerated pulse, full and compressible, with a tongue assuming a dingy hue at its base. Regarding it as a biliary congestion, which I stated to him, I advised him to take an emetic or ten grains of calomel; but he, having a particular dislike to both these remedies, declined.

I was then informed by him that he had been exposed to miasma by attending on a case of bilious remittent fever at Flatbush, Long Island, and he remarked that he might possibly have there contracted the disease. I told him in reply that it was quite possible that it might be the incipient stage of bilious fever, and questioned him as to the frequency of his visits, and the hour of the day he had been exposed to the effluvium of that district of country; his reply was, "Never after four o'clock in the afternoon."

I then said that it wanted the phenomena of fever; the excessive heat, and dryness of skin, the constricted pulse, etc. Taking into consideration the former symptoms, his vomiting bile, dingy skin, and his then present appearance, I still adhered to the opinion I had first expressed, of the liver being the seat of the disease. On the evening of this day, at Dr. Rodgers's request, I consulted with Dr. Dubois, to whom I also expressed the same opinion, and suggested the use of calomel. Dr. Dubois had already formed and expressed the opinion of the disease being that of Bilious Remittent Fever, from which opinion he never changed. On Wednesday, the 15th, we again met in consultation: he had had a restless night, and upon examination, he was discovered to be quite jaundiced, tongue and pulse about the same as on the preceding day; the patient called our attention to the yellowness of the skin, as manifested on the hands and lower extremities, which on close inspection proved to be decided Icterus. I immediately remarked to him in presence of Dr. Dubois, that the tale was now told, and that he (the patient) must immediately commence upon calomel. It is to be remembered that

at this time he did not wince or manifest the least pain anywhere, upon being kneaded, or upon turning in bed, rising, or lying down. As he objected to calomel, fearing salivation, I could only succeed in persuading him to take the common Icteric Pill,* to which my colleague consented: it contained calomel which being in combination with other medicines, was not likely to salivate. He commenced taking it in the evening, and continued it all the day following. It operated gently. Friday morning, the 17th, he had slept well, and expressed himself as feeling better, and said that the day previous was the best day he had had. His condition was much the same throughout the day, except that of sallowness which was more manifest. Dr. Delafield joined us in consultation on Friday evening, October 17th. The consultation resulted in continuing the remedies just before suggested. On Saturday, the 18th, my colleagues differing from me in opinion, and regarding it as Bilious Remittent Fever, discontinued the calomel and substituted the usual febrifuge medicines.

His symptoms at this time were general restlessness, imperfect sleep, depression of spirits, anxious countenance, slight fever, increased sallowness, accelerated pulse, and, at times, moderate perspiration.

These symptoms continued much the same from the 19th of October to the 22d (when rigors first appeared), with the exception of the increased frequency of the pulse, which varied from 95 to 120, but usually at the standard of 110, always full and compressible. The rigors recurred at irregular intervals, sometimes in the night and at any hour during the day. At first, however, there were but one or two in the twenty-four hours; they soon afterwards increased in frequency; jaundice on the increase. They were always immediately followed by profuse perspirations. The pulse was 110 just before, during, and after, each rigor, which was always accompanied by more or less perspiration, and followed directly after by a profuse sweat. Quinine, at this stage of the disease, was administered in doses of ten and five grains, with the view of opposing the chills (so regarded by my colleagues). The Quinine was continued for several days, at intervals of several hours, indeed, until the full influence was had, as was manifest by ringing in the ears and deafness.

* A prescription well known to those who attended my father's Lectures on the Practice of Physic.

The aromatic sulphuric acid was also prescribed in large doses, for the purpose of arresting the excessive sweats. The strong Tincture of Aconite was also prescribed in doses of one drop each.

This embraces all that occurred under my observation up to the 3d of November. Differing as I did throughout from my associates in the diagnosis and treatment of the disease, I withdrew from the consultation, not wishing to trammel them by my presence, or to witness a course of treatment I could not sanction. Dr. Swett joined the consultation on the 1st of November, and continued in attendance to the end with Dr. Dubois and Dr. Delafield.

I will beg leave, gentlemen, here to suggest, in reference to the appearances upon the post-mortem examination of which you have been already informed, whether the administering of twenty and thirty grains of Quinine per diem, for several days successively, did not act as a cause in the early stage of the disease, in determining suppuration, either in the biliary ducts or in the extremities of the branches of the portal vein in the liver, from which arose the inflammation of that vessel. As a journal from the 23d of October was kept by the family, I will offer no apology for transcribing so much of it as has a direct bearing upon the foregoing statement, as it exhibits the bed-room record of the phases of the disease and remedies resorted to.

[See Journal accompanying from the 23d of October to the 3d of November.]

From the foregoing facts, viz., the condition of the patient's health during the past summer, the chill and rejection of pure bile from the stomach on the 9th of October, when first taken ill, the uneasiness in the right side and pain in the bowels, and his great mental depression, I was induced to adopt the opinion, thus early formed and expressed, that the disease under which he labored was functional derangement of the liver. I was supported in this opinion by the absence of fever, the slightly-coated tongue, bitter taste, and the appearance of jaundice which so soon after followed. The patient refusing to take the remedies suggested, the symptoms that manifested themselves afterwards, such as general restlessness, imperfect sleep, depression of spirits, anxious countenance, slight fever, increased sallowness, accelerated but soft pulse, occurrence of rigors, and at times moderate perspiration, were to my mind expressive only of unremoved biliary obstructions. In this opinion my associates had differed from me, and continued to regard it as

bilious remittent fever. I located the difficulty in the liver, arising from one of two causes : either from obstruction in the ductus communis choledochus, by biliary calculi, or from inspissated bile in its *transit* from the ramifications of the portal vein in the liver, to the sources of the biliary ducts ; and I regarded the continuance of the rigors as indicative of matter forming, if not already formed ; particularly as the pulse, as observed by myself, beat 110 per minute just before, during, and after, each rigor, which was almost always accompanied by more or less perspiration, and followed directly after by a profuse sweat. It is to be remembered, that at this time, up to the 28th or 29th of October (*several days after the appearance of the rigors*), he did not wince or manifest the least pain any where upon being kneaded, or upon turning in bed, rising or lying down. My colleagues still adhered to the opinion before expressed, that it was bilious remittent fever ; nevertheless, I feel that I am fully sustained in the views thus early expressed and adhered to throughout, by the appearances upon the post-mortem examination, as well as by Modern Pathology.

ERRATUM.

Page 3, line 3, *for* Pyaëmie, *read* Pyaëmia.

